

PERSONAL, SOCIAL AND HEALTH EDUCATION (PSHE) SCRUTINY REVIEW

Report of the Children and Young
People's Scrutiny Panel
- March 2010 -

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Executive Summary

The review was initiated because members of the Youth Cabinet identified PSHE provision as an area of concern and asked that the Children and Young People's Scrutiny Panel look into it further. The Youth Cabinet agreed to take part in a Scrutiny Review to investigate the way in which PHSE was being taught in schools. This was incorporated into the panel's work programme 5th June 2009. The aim of the review is to highlight good practice, improve guidance to schools and ensure that across Rotherham better quality PHSE can be delivered; if these outcomes are achieved young people could make better informed 'life' decisions and be healthier, happier and achieve academically.

During the Review the group worked alongside young people, Voice and Influence Workers, parent Governors, PSHE Co-ordinators and the Healthy Schools Team. Their help and co-operation with the review is gratefully acknowledged.

Key Recommendations

- PSHE should be compulsory and part of every student's timetable. This provision should be available from year 7 to year 11 regardless of ability and examination pressure. Drop down days are a good way to provide a high profile supplement to PSHE, but should *not* be the only way that pupils receive PSHE.
- PSHE should be taught by trained and confident teachers. As many members of staff as possible should access the year long Continuing Professional Development Programme delivered by the Healthy Schools Team. Schools should be encouraged to access the Inset Days around PSHE offered by the Healthy Schools Team.
- Schools should structure the curriculum to avoid repetition and explain this clearly to pupils. The IMPACT booklet developed by Rawmarsh is one such approach which clearly communicates to pupils what they will be studying and when.
- The quality of PSHE delivery needs to be evaluated and assessed. The views of young people are crucial and the system adopted for evaluation should allow pupils to give anonymous feedback.
- PSHE to be part of the induction process for Governors and each school could have a governor champion for PSHE.

1 REVIEW FRAMEWORK

1.1 Terms of reference

The group aims to examine the levels of consistency in PSHE provision provided by secondary schools in Rotherham. In particular the Review will aim to improve the quality of PSHE teaching and resources in the long term.

1.2 Key Objectives

In order for the Review to be effective the Group needed to gather evidence, data and information from a range of sources. The group wanted:

- To consult young people about their experiences of PSHE.
- To understand the current PSHE provision in Rotherham schools in theory and practice.
- To recognise good practice in PSHE teaching locally and nationally.
- To gather the views of School Governors regarding PSHE.
- To identify examples of quality PSHE learning resources both locally and nationally.

1.3 Membership

The review group was made up of the following members of the Children & Young Peoples Scrutiny Panel

- Cllr Thomas Fennoughty (Chair)
- Cllr Barry Kaye
- Cllr Kath Sims

1.4 Methodology

The Review Group consulted a range of groups including members of the Youth Cabinet, PSHE co-ordinators, senior teachers, Parent Governors, the Healthy Schools Team, Cllr Shaun Wright, Lead member for Children and Young People's Services, and Joyce Thacker the Strategic Director of Children's Services.

The members of the Youth Cabinet designed, organised and delivered a survey at Rotherham Show to find out what young people thought about PSHE. In all, they consulted 209 young people from all but one of the Borough's secondary schools.

Comments on the review were also sought from the Secondary Head's Forum and the Chair/Vice-Chairs of Governing Bodies meeting.

The review also received in-depth briefings on research, and conducted their own literature searches on current good practice and developments.

The review group would like to thank all those who contributed to the review.

2 BACKGROUND INFORMATION

2.1 What is PSHE?

Personal, Social, Health and Economic (PSHE) education aims to help children and young people deal with the issues they face as they grow up. The subject PSHE is known by different names (PSE, PSD, Impact, Guidance) although PSHE will be used throughout this review. The issues that PSHE education covers are central to young people's well being: nutrition and physical activity; drugs, alcohol and tobacco; sex and relationships; emotional health and wellbeing; safety; careers; work-related learning; and personal finance. Yet PSHE is in some ways more than a subject. When taught effectively it can challenge preconceptions, improve attitudes and develop skills. One witness noted: "The aim of PSHE is to produce positive, healthy and happy citizens, who can think independently, and who are accountable and responsible. As such the subject can underpin pupils' development and success." PSHE (especially when engaging with partners like the Personal Finance Education Group) can also ensure that pupils are financially responsible and ready for the world of work.¹

2.2 Why is PSHE Important?

The review was initiated because members of the Youth Cabinet identified PSHE provision as an area of concern. As the matter was raised by Youth Cabinet this review will focus on secondary level education - key stages three and four. When working with young people it has become clear that the majority feel that PSHE is an important subject:

Feedback from Young People: During the Rotherham Show PSHE survey 209 young people were consulted over two days. 137 young people felt PSHE was an important subject. 26 young people thought that it was occasionally important and only 46 said that it was unimportant.

PSHE offers a major space in the curriculum where young people can be given clear, accurate information in order to make informed decisions. It also allows young people to discuss and challenge assumptions and perspectives – in a manner that usually builds on 'soft skills' such as team working, understanding and communication. PSHE is a crucial opportunity for teachers to signpost other agencies (such as Child Line) that deal with acute and confidential needs, and address issues important to the health of a school such as bullying and the role of the school council. In the 2009 Lifestyle Survey it was pleasing to see that 68% of pupils had never tried cigarettes. This is the highest percentage of pupils since the survey commenced (in 2006). Whilst not solely attributable to the profile of smoking the PSHE curriculum, the steps taken to ensure that young people are aware of the social, financial and health implications of smoking must certainly have contributed to this trend.

Yet despite the potential benefits of PSHE being clear the general impression was the quality of PSHE varied considerably from school to school. This was supported

¹ *The Evaluation Schedule for Schools (Ofsted, 2010)* p 26

by the findings in the (2008) Lifestyle Survey: only a third of pupils felt they had been taught about contraception at the right time. Only 40% of females and 38% of males felt they had been taught about pregnancy at the right time (12 out of 15 secondary schools responded.) These perceptions about a lack of information, or a failure to provide guidance at appropriate times, manifest themselves in a continuing pattern of risky behaviours amongst young people in Rotherham. The Local Authority has consistently underperformed in comparison to statistical neighbours with regard to teenage pregnancy and Sexually Transmitted Diseases (i.e. NI 113 “Prevalence of Chlamydia in under 24 year olds.) It has already been recognised that PSHE can play an important role in addressing PSA 11a and NI 112 “Under 18 Conception Rates.” National and International research suggests that effective Sex and Relationships Education, which is a crucial but not the only aspect of PSHE:

“...improves knowledge, develops more mature attributes, postpones the age of first sex and those young people who do have sex are more likely to use contraception. This is supported by good international evidence that ‘comprehensive’ programmes of SRE, covering a broad range of topics including factual information about contraception, sexual health services and where the programme is coordinated with young people confidential advisory service, have a positive impact on young people’s sexual behaviour.”²

PSHE is not only important to improving outcomes and behaviours of individual pupils but can also be the basis for a “21st Century School.” School-level well being indicators were introduced as part of the new Ofsted inspection Framework. As well as looking at ‘hard data,’ these indicators will take into account of pupil and parent perception data. This could include, for example, how well pupils feel Sex and Relationships Education (SRE) is being taught in their school. Within this context the effective delivery of good quality SRE can have a positive impact on helping young people deal with the health challenges they face in adolescence and supporting wider well being. In providing pupils with valuable information on how to be safe, happy and healthy PSHE plays a major role in schools contribution to the five Every Child Matters outcomes. Schools are evaluated on the five outcomes. Ofsted is particularly keen to monitor “the extent to which pupils adopt healthy lifestyles” in terms of physical, emotional and mental health.³ One case study suggests that when the Every Child Matters outcomes are embedded in the whole school ethos respect, understanding, behaviour, and ultimately attainment improve.⁴ PSHE can also be used to help schools to enhance the level of safeguarding. In the new Ofsted Framework safeguarding is a limiting judgement.⁵ Although in early inspections Ofsted has focussed on the practicalities of safeguarding such as the security of the school site (p51), PSHE can add value by ensuring that pupils are risk aware – for instance about the potential dangers on the internet and social networking sites.⁶ In

² *Sex and Relationships Education Guidance to Schools* (DfES, 2010) p.13

³ *The Evaluation Schedule for Schools* (Ofsted, 2010) p.21

⁴ Embedding Every Child Matters Outcomes – New College, Swindon:

<http://excellencegateway.org.uk/page.aspx?o=251703>

⁵ Safeguarding is one of several limiting judgements, i.e. the grade awarded for Safeguarding, especially if satisfactory or inadequate, affects the whole school grade. If, for example, Safeguarding or Equality and Opportunity, is judged as inadequate then the whole school will be judged inadequate.

⁶ In *The Evaluation Schedule for Schools* (pp. 50-51) the effectiveness of practical Safeguarding procedures are discussed. Yet Safeguarding is also about equipping students with the knowledge to be risk aware. Internet Safety is a good case example of a subject that could be discussed in PSHE.

order for a school to receive an “Outstanding” judgement for “the extent to which pupils feel safe” Ofsted suggest all pupils must:

“...have an excellent understanding about what constitutes unsafe situations. They maintain a well-tuned perspective on their own safety and that of others. Pupils say they feel safe at school at all times. Parents and carers strongly agree that the school keeps pupils safe. Groups representing a wide range of pupils are entirely confident that issues they raise will be dealt promptly and effectively by the school.”⁷

Furthermore, pupils are likely to feel safe if they are listened to in school and aware of issues such as bullying and racism.⁸

PSHE is a subject that can imbue (alongside subjects such as citizenship and RE) a sense of social understanding, community spirit and involvement. PSHE can be responsive to issues and problems within a local area – and provide a forum for young people to discuss and understand prevalent issues, attitudes and behaviours. PSHE can form part of school’s wider remit of making a contribution to community cohesion. PSHE is crucial to equip students with more than outstanding academic achievements; PSHE can help to produce the confident, happy and rounded young people that are a credit to their schooling and very much part of their local community.

2.3 The National Picture

Two reviews into Sex and Relationships Education (SRE) and Drug and Alcohol Education noted that the quality of PSHE education being delivered varies significantly across the country and does not meet the needs of children and young people. Both reviews argued that PSHE is not given sufficient priority in schools and that making the subject statutory is the key to raising its status and improving provision.⁹

In October 2008 the Government announced its intention to make PSHE education statutory by 2011 and launched an independent Review to investigate the most effective way of achieving this. *The Independent Review of the proposal to make Personal, Social, Health and Economic Education Statutory* was carried out by Sir Alasdair Macdonald in. The report made twenty recommendations including:

- At Secondary level, PSHE education should become a foundation subject in the National Curriculum, with the existing non-statutory programmes of study forming the basis for public consultation on the core entitlement.

In 2009, 36% of all pupils said they used chat rooms ‘every or most days’. Percentages are similar across both year groups and genders with the exception of Year 7 female pupils’ 43% of whom said they use chat rooms ‘every or most days’. By Year 10 there is a decrease in the use of chat rooms. In this online environment pupils need to be educated about the potential dangers and risks.

⁷ *The Evaluation Schedule for Schools* (Ofsted, 2010) p.17

⁸ *Ibid.*,

⁹ *SRE: Are You Getting It?* (UK Youth Parliament, 2007) *Maidstone Youth Scrutiny Committee Report: Sex and Relationships Education (2007)*

- The DCSF should commission further research that will establish and report on the prevalent modes of delivery for PSHE education and their effectiveness in improving outcomes for children and young people.

The Scrutiny Review of PSHE in Rotherham therefore reflects ongoing national debates into the content and delivery of PSHE. Indeed, the current review is an ideal opportunity for the young people of Rotherham, the Council and partners to make clear recommendations on what should be considered as the “core entitlement,” and also on the most effective “modes of delivery.” One of the challenges that Alasdair MacDonald recognises is balancing a national entitlement and greater levels assessment, with the *personal*, community and school focussed nature of PSHE. He recommends that “Legislation should seek to exclude PSHE education from the requirement to have statutory levels of attainment” but concedes that “The DCSF should work with the Qualifications and Curriculum Authority to find appropriate and innovative ways of assessing pupils’ progress in PSHE education.” The conflict between wanting PSHE to provide *personal* education, and also having robust and effective assessment and evaluation of national entitlements emerged in discussions with many witnesses.

In November 2009, in response to the Macdonald Report, Children’s Secretary for State Ed Balls MP altered parental right of withdrawal from Sex and Relationships Education (SRE). The parental right to withdraw children out of sex education classes in England is being ended once the pupils turn 15. The change means all pupils will get at least one year of sex and relationship education before their 16th birthday once it becomes compulsory in 2011. Currently some 0.04% of parents choose to use their parental right of withdrawal, but that number may grow once it is compulsory. Under these plans, all schools will have to cover areas such as same sex relationships and contraception. However, governing bodies will still be able to ensure classes reflect the religious ethos of the school. In January 2010 the DfES produced detailed guidance for schools on SRE.

2.4 The Healthy Schools Programme

PSHE is part of the Healthy Schools Agenda. The national Healthy Schools Programme (NHSP) is a joint initiative between DCSF and Department of Health (DH) - which promotes a whole school and whole child approach to health. National Healthy School Status (NHSS) is achieved within a rigorous quality assurance framework. All schools achieving National Healthy School Status must have met national criteria using a whole school approach across four themes including personal, social, health and economic (PSHE) education, healthy eating, physical activity and emotional health and well-being (EHWB).

From September 2009 all schools that have achieved NHSS can become part of the Healthy Schools enhancement model. To do this, schools need to complete an annual review each year to confirm that they have established and maintained a foundation for health and well-being. Schools will also need to complete the health and well-being improvement tool. This will guide them through the model and help to plan and record progress. It will also enable schools to submit key information for local quality assurance purposes. Schools will need to review progress towards the meaningful outcomes that have been set and use the health and well-being improvement tool (HWIT) to self-validate. Schools will receive national recognition

once these meaningful outcomes have been achieved and approved by the local quality assurance system.

3 WHERE ARE WE IN ROTHERHAM?

There is currently much good work being done in Rotherham on PSHE. However, the true value of PSHE to all schools, pupils, teachers and communities is not yet being fully realised and the quality varies considerably.

3.1 Healthy School Status in Rotherham

Rotherham has a dedicated Healthy Schools Team. The Healthy Schools Team is part of the School Effectiveness Service. The Team keeps abreast of national developments and good practice affecting PSHE in schools, presenting relevant information to PSHE Leads and Head Teachers when appropriate. The team provides training for staff to improve the teaching of PSHE; signposts relevant materials and external agencies to support the curriculum; and also develops resources for schools. The resources developed so far include drug and SRE education classroom material and model policies to enable schools to more easily put good practice in place. The Healthy Schools Team has also developed an electronic tool to record pupil assessment in PSHE against end of key stage statements and they are in the process of making it available to all schools. The Healthy Schools Team supports schools regarding the Personal Wellbeing Programme of Study and makes the links regarding Personal Finance Education in the Economic Wellbeing and Financial Capability Programme of Study.

The 14-19 team support schools with the Careers Advice and Guidance aspect of this programme of study. Some of the methods the team use to support PSHE are outlined in greater depth in sections 4.2 and 4.3. In 2008 Ofsted noted the Healthy Schools program was a major strength as “The percentage of schools achieving the Healthy School Award is higher than for statistical neighbours and 100% of schools are engaging in the National Healthy Schools Programme.” In March 2010 97% schools in Rotherham had achieved Healthy School Status with the LAA target set at 95%. The schools who have not achieved the Healthy School status are not meeting the PSHE criteria – and are within the Secondary Sector.

3.2 Approaches to Teaching PSHE (September 2009)

In September 2009 the approaches to teaching PSHE in Rotherham can be broken down into five general patterns.

- **PSHE through Specialist Teams**

Four secondary schools have adopted this approach and one more is planning to move to a specialist team in the near future. It is widely acknowledged that having specialist teams of willing trained teachers (who are comfortable teaching the subject) is beneficial to PSHE provision. The Macdonald report notes that “specialist PSHE education teachers are a consistent feature of effective

practice.”¹⁰ This approach is, however, is resource intensive and it takes a long term commitment to PSHE from staff and senior managers.

- **PSHE through Tutor**

Five schools use this approach. The major strength of this approach is that the tutor can have a longstanding relationship with the group and so can adapt PSHE to meet the pupils’ needs. In some instances, however, this strength can also be a weakness as pupils may be uncomfortable discussing certain issues with a familiar tutor. As pupils stay with the same tutor throughout school the quality of PSHE depends on the enthusiasm and ability of the teacher: “Ofsted questions the assumption that even good tutors necessarily have the requisite knowledge to deliver PSHE education.”¹¹

- **Whole Staff Involvement**

In One school all staff members are involved in teaching PSHE with teachers specialising in a small area of the PSHE curriculum. A double lesson once per fortnight is given over to PSHE (this lesson moves each time). One positive aspect of this approach is that the teacher can choose a topic of interest they feel comfortable teaching and then deliver this for a whole year group.

- **Suspended Time Table “Drop Down Days”**

Approximately five schools use suspended timetable days. These are used for a variety of reasons: in order to enhance what is taught in PSHE such as a whole school approach to a healthy lifestyle; to give additional time to PSHE when insufficient time is prioritised on the curriculum; and even as the sole source of PSHE for pupils. Drop Down Days allow schools to maximise resources and free up curriculum space. The approach, in which a drop down day is the only time PSHE is taught, was identified as a potential issue in Sir Alasdair’s Macdonald report:

“The drop down or themed day is currently seen as the least effective option [...] when delivered in isolation because, in essence, because the learning is not considered to be secure or rooted in children and young people’s wider experience of the curriculum, nor is it possible to guarantee progression. Moreover, if a pupil is absent on this day, they can miss out on the entire offer.”¹²

Many of the witnesses in Rotherham highlighted similar concerns with PSHE being taught solely via Drop Down days.

¹⁰ Macdonald, Alasdair. *Independent Review of the Proposal to Make Personal Social Health and Economic Education Statutory* (DCSF, 2009) p.64

¹¹ *Ibid.*, p.71

¹² *Ibid.*, p.74

- **A Mixed Approach**

In many schools a mixture of the above approaches is actually the preferred model. PSHE may be taught as a timetabled lesson by a tutor or specialist teacher in one key stage, and by suspended timetable days in other years. In other schools dedicated curriculum time with a specialist team is supplemented by a Drop Down Day. Macdonald, whilst refusing to stipulate the adoption of one approach, notes:

“...a prevailing and persuasive view has emerged that a ‘multi-dimensional’ model of delivery may be preferable – one which prioritises discrete time in the curriculum for planned and assessed learning to take place; contains planned cross-curricular elements; and includes provision for extended or ‘enrichment’ opportunities such as theme days or external contributors to the curriculum.”¹³

3.3 Curriculum Space

As the approaches outlined in figure 4.2 suggest, Rotherham schools have a varying amount of curriculum time dedicated to PSHE. In general, the various pressures’ placed on schools to achieve certain targets (especially around core subjects) have led to an erosion of PSHE on the timetable. PSHE is often taught alongside other modules such as Citizenship and Religious Education although this puts pressure on staff, particularly PSHE Co-ordinators, in juggling numerous work programs. Enterprise and Social and Emotional Aspects of Learning (SEAL) compete with PSHE for adequate space in schools.

3.4 PSHE Staff Support

The Rotherham Healthy Schools team supports staff to deliver quality PSHE in a variety of ways including facilitating a PSHE leads network meeting in spring and summer term; by developing resources to assist staff in delivering PSHE; by supporting individual schools in designing a curriculum and assessment tools; and by running a variety of training courses throughout the year. These courses include a free PSHE Continual Professional Development (CPD). The CPD is a national qualification which is offered to staff teaching PSHE. The members of staff work towards accreditation in their own time. 2009 is the seventh year that Rotherham has run the course and thus far every member of staff that has taken part has received the accreditation. 2008 was the first year that support staff could participate alongside teachers. This year’s intake on the CPD course includes 24 staff members, at various key stages, from schools across the borough. The proportion of secondary schools in Rotherham with a PSHE CPD accredited teacher is 44%.

3.5 Resources

The Healthy Schools Team also advises schools on the best PSHE resources available and PSHE coordinators from across Rotherham meet regularly to share resources and best practice. In particular the Healthy Schools Team offers guidance about how to embed ICT within the PSHE curriculum. Kirklees County Council spent

¹³ Ibid. p. 64

two years developing an interactive PSHE curriculum and eight schools in Rotherham have currently purchased this resource.

We have bought the Kirklees Resource which is fabulous!
PSHE Coordinator, Rotherham

The Rotherham Healthy Schools Team in has also helped to develop the Pink & Proud resource. PSHE Coordinators also spoke highly of the following resources: Know Your Stuff, FPA Contraceptive Kits, FPA Leaflets, Drug Cases, Life Matters (game), Disability Rights Commission – Citizenship & Diversity, Volatile Substance Abuse, Sex and Relationships (Channel 4), Mental Health (Channel 4), Clipbank (Channel 4), Lifestory Workers, Birchfield, Smoking-poisons (Dashhouse), Thirsty Tree, RollerCoaster Pack.

4 OVERVIEW OF MEETINGS AND CONSULTATION

During the course of the review members sought to gather as much information as possible by meeting with young people, healthy schools co-ordinators, PSHE co-ordinators, parent governors and Senior Managers from Schools.

4.1 Rotherham Show - PSHE Questionnaire Saturday 12th Sunday 13th 2009

At the Rotherham Show 209 young people completed a questionnaire regarding PSHE provision.

The inconsistency of PSHE was a recurring concern, and is illustrated in the response to the question “how do you rate PSHE as it is taught in your schools? (10 being the best):

	1	2	3	4	5	6	7	8	9	10	No Score
Number of Young People	23	17	18	22	34	24	32	22	12	5	2

139 young people felt that PSHE was important. They felt that it was important for a variety of reasons and these included “information to help make informed decisions and choices.” Particular topics such as “how to do CVs,” “university stuff,” “public violence and safety” and “sex education and teen pregnancies” were deemed particularly useful.

When asked what was good about PSHE many young people noted that it was “different from other lessons.” One young person noted the “change of teaching style.” Numerous young people had “fun” in PSHE, as it was “taught in a fun way” in which they could “work in groups.” Many pupils seemed to enjoy “open discussion,” the opportunity to “speak opinions,” and hear from “outside speakers.”

From the 46 young people who felt that PSHE was unimportant many asserted it was “pointless,” with one young person suggesting “nobody goes, you can cope without it.” Many young people felt that PSHE was “too repetitive.” Another frequent concern that young people raised was that “teaching is varied.” Some also felt that “time could be better spent revising core subjects.”

The final question “What needs to be improved in the teaching of PSHE? How?” brought a range of responses from young people. Many young people simply wanted *more* PSHE time. More than student wanted the opportunity to “sit in gender group” of the same sex during SRE and other sensitive subjects. Another young person said PSHE would be improved by “putting it into the timetable properly, not just in tutor.” One young person stated: “External people to teach it because can talk to them easier.” Most young people wanted specialist teachers and “more structured work.” Young people raised the point that PSHE needed to be tailored for each year and taught at “appropriate levels.” A few young people wanted “more control of lessons” with the opportunity for young people to “choose what we learn about.”

4.2 Meeting with members of Youth Cabinet – 29th September and 19th October 2009

The review group met members of Rotherham Youth Cabinet twice in order to gain an insight into some of their major issues surrounding PSHE.

During the meetings on the 29th September and 19th October 2009 young people raised various issues with the review group. Throughout the meetings young people repeatedly stressed the importance of PSHE. One young person described PSHE: “as a forum to gain more relevant experience about life.” The young people recounted much anecdotal evidence about the varying quality of PSHE. They felt that PSHE was dependent on the quality of the teaching – and all felt that trained and confident teachers were crucial. One young person suggested that they felt more comfortable speaking to a youth worker (rather than their PSHE teacher) and that youth workers could help to deliver PSHE. Many young people felt that outsiders speakers could be effective, but only if the speech was delivered at an appropriate time within a structured curriculum.

One area of concern was the amount of repetition. Young people felt that certain topics were repeated without being altered for different year groups. Young people also felt that the PSHE curriculum lacked a clear structure. One young person noted: “One week we did Healthy Eating, and the next we did Skin Cancer. There is no continuity.” Young people suggested that clearly communicating the work program at the beginning of the term would be useful. They also felt that the learning expectations for individual lessons needed to be clearer. One young person said that there should be a central board (and website or web link) with all the PSHE information on – and that this resource should even accessible for school leavers; the young person stated they learnt how to write a cheque in year 9, but when it came to writing their first cheque after leaving school they couldn’t remember how.

Young people recognised the “pros” and “cons” of having a PSHE qualification. They recognised that on the one hand a PSHE qualification could lead to a greater willingness to work amongst students (and staff) ensuring PSHE was “taken seriously”, but on the other a qualification may not fit with notion of *Personal* education – where people need to be allowed to discuss ideas and formulate opinions. Young people stated that they were often unable to suggest topics for discussions, although many felt that PSHE should to some extent be informed by the issues that concern pupils. A practical way for schools to gauge the topics young people would like to see feature in PSHE would be a private and confidential “e-suggestion box.”

Members of the Youth Cabinet felt that for PSHE to improve schools needed to better consult pupils. Pupils should be encouraged to provide honest appraisal of the PSHE provision by giving anonymous feedback. Pupils mentioned that their feedback should in no way impact, or appear to impact, their merit grades for the subject. Young people identified topics such as SRE (with an emphasis on the relationship and decision making aspect of sex), healthy eating, smoking and drug awareness, curriculum vitae advice and information on banking and personal finance as essential to learn.

4.3 Meeting with PSHE Co-ordinators 19th November 2009

Officers from the review group met with co-ordinators in order to gain the insight from the teacher responsible for PSHE in schools. Eleven co-ordinators completed a questionnaire on PSHE.

Some of the questions that were posed to the PSHE Coordinators were the same as those completed by young people at the Rotherham Show. For example, both groups were asked to rate PSHE on a scale of 1-10 (10 being the best.) On average the young people rated PSHE at 5.12 and the Coordinators at 6.27. Although the size of the sample varied considerable this statistic is indicative of the broad consensus shared by young people and the PSHE Co-ordinators.

The Co-ordinators, like young people, had concerns about the status, resources, the lack of specialist staff and time allocated to PSHE. The difficult task faced by some co-ordinators was juggling the delivery of two programmes of PSHE, one program of Citizenship and another of Religious Education. Some positive examples of good practice that Coordinators had initiated (such as formal Y10 evaluation in which teachers received student feedback to improve future lessons) were being put under pressure by an emphasis core subjects.

4.4 Meeting with Parent Governors, 27th November 2009

The Review group met with a number of parent governors who represented a cross section of schools in Rotherham including a Special School. They felt that PSHE was a crucial aspect of the curriculum. One Governor concluded that PSHE “was all part of becoming a rounded citizen.”

The main focus of discussion for the group was the parental right to withdraw young people from SRE. The Parent governors stressed that from enquiries at their schools this right was very rarely used. In terms of SRE the group felt that the legal and moral aspects of Sex Education could be emphasised more.

Parent Governors felt that greater attempts should be taken to include parents in PSHE. The Speakeasy course (in which parents are taught how to speak to their children about SRE) was seen as good practice but more parental education should be undertaken. In the 2009 Lifestyle Survey 80% of Year 7 female pupils stated they could talk to an adult at home, but by Year 10 this had dropped to 55% of female pupils. This statistic suggests that work to encourage parents to talk to their children was required, especially in the later years of school, and that for many young people PSHE was one of the only sources of information.

The governors felt that all parents should not only be given information on what their child is studying, but also homework tasks should aim to involve parents in PSHE. The Parent Governors felt that it was important that PSHE reflect the needs of the local community.

4.5 Meeting with members of Senior Management Teams, 8th December 2009

Senior Managers from three secondary schools (Rawmarsh, Wingfield and St. Pius) attended the meeting. The group recognised the importance of PSHE as it leads to a happier, healthier and safer school and ultimately rounded, confident and successful students.

A deputy head summarised this feeling: "PSHE is one of the most important things a school can do." The Senior Managers noted that increasingly schools were being assessed on Well Being and Safeguarding issues and that effective PSHE was a key factor in achieving these targets. The Senior Managers felt that good teaching was a key factor in successfully delivering PSHE.

They were realistic about budget and timetabling pressures. These became particularly acute in Y10 and Y11. If specialist PSHE staff were unavailable then ensuring other members of staff (with support from the PSHE coordinator) were accountable for delivering PSHE was seen as vital to improve delivery. Ensuring that PSHE provision was quality assured was a key role for the SMT and PSHE Co-ordinator. Allowing students to provide feedback – and passing this feedback onto members of staff was an important process that would improve PSHE. The Senior Managers stated that young people should be able to influence the PSHE curriculum to ensure that it reflects community priorities.

The Councillors were particularly impressed with the IMPACT booklet at Rawmarsh because this offered young people a clear overview of the PSHE curriculum. The Councillors felt that all schools should provide pupils and parents with this level of information.

4.6 Lesson Observation, Aston Comprehensive School, 26th January 2010

The three members of the review group would like to thank Scott Johnson (PSHE Co-ordinator) and his class of excellent Y10s for allowing them to observe a lesson on Sexually Transmitted Diseases.

The opportunity to observe a lesson firsthand deepened the understanding of the Review Group. In particular the group noted the way in which transferable skills (teamworking, working to deadlines, prioritisation, condensing and summarising material) could be included in the lesson. The way in which ICT was embedded in the lesson was exemplary and this added another dimension to the pupils learning. The quality of the teaching was outstanding and Scott praised the CPD offered by the Healthy School Team. The pupils eagerness, sensitivity and general attitude was also first rate. Cllr Fenoughty summarised the feelings of the group when he stated: "We must aim to reach a point where all young people are involved in such an absorbing, fun and worthwhile PSHE lesson."

5 SUMMARY OF KEY ISSUES

During discussions with Young People, PSHE Teachers, Parent Governors and Senior Managers, various common themes emerged. Many of our findings are in tune with ongoing discussions at a national level regarding PSHE.

PSHE as a Subject:

- PSHE is viewed as a key subject that can make a real difference to young people.
- PSHE provides an opportunity to develop “soft” skills such as teamworking which can be used in other lessons.

PSHE in Schools:

- PSHE needs to be part of a full school ethos – with cross curricular linkages.
- Adequate time on the curriculum.
- PSHE needs trained and confident teachers.
- The curriculum needs to be well structured to avoid repetition and clearly communicated to pupils.
- Governors have a key role in influencing PSHE with respect to the level of parental involvement, encouraging young people set the PSHE agenda and ensuring PSHE reflects the schools ethos.
- Young People need to be able to suggest topics for PSHE and have a key role in evaluating current PSHE.
- PSHE can be used to fulfil parts of the new (September 2009) Ofsted Inspection Framework (Safeguarding and Every Child Matters.)

PSHE beyond Schools:

- PSHE should reflect the priorities of the community.
- The Youth Service needs to be involved in PSHE. If other agencies can bring skills to the PSHE classroom this should be encouraged. Macdonald notes approvingly:

“The national CPD programme has recently expanded its remit to incorporate participants from the wider workforce who contribute to PSHE education, such

as youth workers, community liaison officers, Connexions personal advisers, health and social welfare professionals, as well as teaching assistants.”¹⁴

- Parents need to be included in PSHE.

A key challenge the Review group faced was taking these broad themes and turning them into clear recommendations that will make a positive difference. Throughout the process the Review asked how will we quantify outcomes? What measures will need to be taken for the Review Group to be satisfied that PSHE has improved in practice?

6 RECOMMENDATIONS

1. The Review Group supports the recommendations of the MacDonald Report (*Independent Review of the Proposal to make Personal, Social, Health and Economic Education Statutory*) and the implementation of SRE guidance in schools.
2. PSHE should be compulsory and part of every student’s timetable. This provision should be available from year 7 to year 11 regardless of ability and examination pressure. Drop down days are a good way to provide a high profile supplement to PSHE, but should *not* be the only way that pupils receive PSHE.
3. PSHE should be taught by trained and confident teachers. As many members of staff as possible should access the year long Continuing Professional Development Programme delivered by the Healthy Schools Team. Schools should be encouraged to access the Inset Days around PSHE offered by the Healthy Schools Team.
4. Key subjects including SRE and Drug and Alcohol Awareness should be taught to all students.
5. Drawing on good practice developed in special schools, all pupils should learn about Every Child Matters agenda through the PSHE curriculum.
6. Speakers from outside agencies (such as the emergency services, local businesses and charities) should be used more widely as part of structured curriculum to illustrate aspects of the PSHE curriculum wherever possible.
7. Youth workers could help to deliver some aspects of PSHE depending on the Service’s capacity. The opportunity for pupils to learn outside the school environment with trained professionals (with their own distinct skill set) could aid PSHE provision.
8. The review group recognises the balance between a system for evaluating pupils’ progression and allowing PSHE as a flexible forum for discussion (see Macdonald Report Recommendations 17 and 18) and would encourage

¹⁴ Ibid. p. 91

informal checks by teachers (such as an end of term quiz) on key aspects of learning and the curriculum.

9. Schools should structure the curriculum to avoid repetition and be age appropriate. The structure should be explained clearly to pupils. The IMPACT booklet developed by Rawmarsh is one such approach which clearly communicates to pupils what they will be studying and when.
10. PSHE should be responsive to the needs and concerns of the local community. Young people, parents and governors should be able to influence the content of the PSHE curriculum ensuring that it is relevant to local circumstances.
11. Parents should be included in setting PSHE topics. The Speakeasy project is recognised as an effective way to get young people and parents talking about issues.
12. The quality of PSHE delivery needs to be evaluated and assessed. The views of young people are crucial and the system adopted for evaluation should allow pupils to give anonymous feedback.
13. The Youth Cabinet to conduct a bi-annual (every two years) survey of PSHE to measure progress. This could be completed at the Rotherham Show.
14. Each school Governing Body should receive an annual report on the PHSE curriculum which should include student evaluation of its impact and relevance.
15. Briefings and Training should be developed for Governing Bodies on the importance of the PSHE curriculum incorporating the findings of this review.
16. PSHE to be part of the induction process for Governors and each school could have a governor champion for PSHE.

7 THANKS

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Melanie Waterworth – Rotherham Youth Cabinet
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Rob Haines – Rawmarsh Community School
Scott Johnson – Aston Comprehensive
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Abid Dawood – Inclusion, Voice and Influence
David Trickett – School Governorr
Mick Hall – School Governor
Tony Marvin – School Governor
John Evans, Scrutiny Officer

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